19-15-04

PART B - FEE(\$) TRANSMITTAL

Complete, and send this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450

(703) 746-4000 or <u>Fax</u>

INSTRUCTORS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FIF (if required). Blocks I through 4 should be completed where appropriate all further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as a corrected below or directed otherwise in Block I, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

CURRENT ( ORRESPONDENCE ADDRESS (Note: Legibly mark-up, with any corrections of use Block 1)

23552

06/17/2004

MERCHANT & GOULD PC P.O. BOX 2903 **MINNEAPOLIS, MN 55402-0903**  Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission. EV 408490575 US

Certificate of Mailing or Transmission

I hereby certify that this Fee(s) fransmittal is being deposited with the United States Postal Service with sufficient postage for EXPRESS mail in an envelope addressed to the Mail Stop ISSUE IEE address above, or being facsimile transmitted to the USPTO, on the date indicated below.

(Depositor's na	David/Ortiz/
(Signate	D. F. Charles
(1)	September 3, 2004

APPLICATION NO	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.	
09/204 127	12/03/1998	HEDI HADDADA	8076.102USC1	5504	

ITILE OF INVENTION: DEFECTIVE RECOMBINANT ADENOVIRUSES EXPRESSING CYTOKINES FOR ANTITUMOR TREATMENT

	SMALL ENTITY	ISSUE FEI	F.	PUBLICATION FFE	TOTAL F	TOTAL FEE(S) DUE	
nonprovisional	NO	\$1330		\$300	\$1	630	09/17/2004
EXAM	MINER	ART UNIT	г	CLASS-SUBCLASS			
WILSON,	MICHAEL C	1632		424-093100			
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).  Cl Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  Cl "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Custome Number is required.			names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents If no name is listed no name.				
been previously submitte (A) NAME OF ASSIGN	s an assignee is identified by ed to die USPTO or is being NEF Onal De La Rechero	submitted under sepa (B)	RESIDENCE:	apletion of this form is (CITY and STATE OR 5, France	NOT a substitute	tor filing an ass	ignment.
Institut Gust	ave Roussy		Ville	juif Cedex, Fra	ınce		
Institut Gust	ave Roussy le assignee category or categ	ories (will not be prin		•		other private gr	oup entity 🖸 governmen
Institut Gust	e assignee category or categ	4b.	Payment of Fee	nt);	**Corporation or	other private gr	oup entity 🔲 governmen
Institut Gust	e assignee category or categ	4b.	Payment of Fee	nt); U individual c(s): c amount of the fce(s) i	X corporation or s enclosed.	other private gr	oup entity 🖸 governmen
Institut Gust Please check the appropriat da. The following fec(s) are	e assignee category or categ	4b.	Payment of Fee	nt);	X corporation or s enclosed.	other private gr	oup entity 🖸 governmen
Institut Gust Please check the appropriat da. The following fec(s) are (XIssue Fee	e assignce category or category or category or category.	4b. ( i	Payment of Fee  A check in the Payment by co  The Director	nt);	**X corporation or senclosed. 2038 is attached. by charge the req	uired fee(s), or	oup entity
Institut Gust Please check the appropriat da. The following fec(s) are XIssue Fee Dublication Fee XAdvance Order - # of	e assignce category or category or category or category.	4b.	nted on the pater Payment of Fee A check in the D Payment by c The Director Deposit Accour	nt); I individual (s): c amount of the fee(s) or redit card. Form PTO- is hereby authorized it Number 13-2725	X corporation or s enclosed. 2038 is attached, by charge the required.	uired fee(s), or nelose an extra c	credit any overpayment, t opy of this form).

Katuen	M. Kowalin	Reg. 36,84	18 Sept. 13	, 2004
NOTE: The Issue Fee	and Publication Fee (i	Grequired) will no	t be accepted fro	m anyone
other than the applica	int: a registered attorner	v or agent; or the	assignee or other	r oartv in

interest as shown by the records of the United States Patent and Trademark Office.

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Fine will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office. U.S. Department of Commerce, Alexandria, Virginia 22313-1450. DO NOT SEND FFES OR COMPLETED FORMS TO THIS ADDRESS.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

01 FC:1501 02 FC:1504 03 FC:8001 1330.00 OP 300.00 OP 6.00 OP

JESI AVAILABLE COPY

TRANSMIT THIS FORM WITH FEF(S)

PTOL-85 (Rev. 11'03) Approved for use through 04/30/2004.

OMB 0651-0633 U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

## Filed:

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

licant:

HADDADA, et al.

Examiner:

M. Wilson

rial No.:

09/204,427

Group Art Unit:

1632

December 3, 1998

Docket:

8076.102USC1 June 17, 2004

Confirmation

5504

Notice of Allow.

Date:

No.: Due Date:

September 17, 2004

Title:

DEFECTIVE RECOMBINANT ADENOVIRUSES EXPRESSING CYTOKINES FOR

ANTITUMOR TREATMENT

**CERTIFICATE UNDER 37 CFR 1.10:** 

"Express Mail" mailing label number: EV 408490575 US

Date of Deposit: September 13, 2004

I hereby certify that this paper or fee is being deposited with the U.S. Postal Service "Express Majl Post Office to Addressee" service under 37 CFR 1.10 on the date indicated above and is addressed to Mail Stoff Issue Fee, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Name: David Offiz

Mail Stop Issue Fee Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

23552

Sir:

We are transmitting herewith the attached:

- Transmittal Sheet in duplicate containing Certificate of Mailing
- ☐ Issue Fee Transmittal Part B (PTOL 85)
- Check(s) in the amount of \$1,330 for payment of the Issue Fee, \$300 for payment of the Publication Fee and \$6 for two copies
- Return postcard

Please consider this a PETITION FOR EXTENSION OF TIME for a sufficient number of months to enter these papers or any future reply, if appropriate. Please charge any additional fees or credit overpayment to Deposit Account No. 13-2725. A duplicate of this sheet is enclosed.

MERCHANT & GOULD P.C. P.O. Box 2903, Minneapolis, MN 55402-0903 612.332.5300

Name: Katherine M. Kowalchyk

Reg. No.: 36,848

KMK/pjk